

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Medical Data Systems, Inc.
 d/b/a Medical Revenue Services, Inc.
 Attn: Dave Miller, CEO
 2001 9th Avenue, Suite 312
 Vero Beach, FL 32960

2. Article Number

(Transfer from service label)

7006 0810 0005 4058 6745

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sherrin Powell*☒ Agent☐ Addressee

B. Received by (Printed Name)

Sherrin Powell

C. Date of Delivery

02-26-07

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes